APPLICATION FOR UNITED STATES ATENT **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DATA STORA	GE DEVI	CE PROVIDED	WITH FUNCT	rion for	AUTHENTICATING USER'S				
ACCESS RIG	HT								
described and claime		fication:							
Check one	-								
*a.	attached her	eto.	•						
b. 🔲	filed on	as Applicatio	n Serial No	and					
am	ended on _	• •							
	applicable)								
I hereby claims, as amended				nts of the above	identified application, including the				
				tion known to r	ne to be material to patentability as				
defined in Title 37, 0	Code of Federa	al Regulations, § 1	.56.		,				
Under Ti provisional applicati	tle 35 U.S. Co ion(s) filed wit	ode § 119, the prior to	rity benefits of the to this application are	following foreig e hereby claimed	n application(s) and/or United States I:				
Japanese P	atent Applic	ation No. 11-293	752, filed on Oct	ober 15, 1999					
	America eithe	er (a) more than one	year prior to this a	pplication, or (b	on were filed in countries foreign to) before the filing date of the above-				
I hereby a this application and	to transact all		nt and Trademark O	ffice:	estitution and revocation to prosecute				
N	Kirk M Edward	. Hudson, Reg. No. P. Walker, Reg. No. ntino, Reg. No. 33,5	27,562; Thomas J. l b. 31,450; Robert A.	Pardini, Reg. No Miller, Reg. No	. 30,411; o. 32,771;				
ALL CORRESPON BERRIDGE, P.O. B					OULD BE SENT TO OLIFF & 836-6400.				
herein of my own k further that these sta	cnowledge are atements were ament, or both	true and that all so made with the know a, under Section 10	tatements made on wledge that willful 101 of Title 18 of	information and false statements the United State	aration, and that all statements made d belief are believed to be true; and and the like so made are punishable es Code and that such willful false				
Typewritten Full Na	me								
of Sole or First inventor:		Kil-ho			Shin				
		Given Name	Middle	Inirial) ,	Family Name				
**Inventor's Signatu	ıre:		1 V Non	Z	_				
**Date of Signature:	:	873	27/00						
J		M M	onth O	Day	Year				
Residence:	Nakai-ma	achi	Kanagawa	•	Japan				
	City		State of Provi	nce	Country				
Citizenship:		Korea							
Post Office Address:	:	c/o Fuji Xeroz	c Co., Ltd., 430,	Sakai, Nakai-	machi,				
(Insert complete mailing address, including country)		Ashigarakami-gun, Kanagawa, Japan							
2									

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ⊠

^{*}This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

^{**}Note to Inventor: Please sign name exactly as it appears above and insert the actual date of signing.



PAGE 2 OF U.S.A. DECLARATION FORM

of Second Joint inventor:		Yuzuru			Fukuda			
		Given Name	Middle Ini	ițial ,	Family Name			
**Inventor's Signature:		YUZU	ru Ru	kuda				
**Date of Signature: 8/25/2000								
ŭ		Mont	h	Day	Year			
Residence:	Nakai-mach	ii	Kanagawa		Japan			
	City	_	State of Province	€.	Country			
Citizenship:		Japan						
Post Office Address:		c/o Fuji Xerox Co., Ltd., 430, Sakai, Nakai-machi,						
(Insert Complete mailing address, including country)		Ashigarakami-gun, Kanagawa, Japan						
Typewritten Full Name of Third Joint inventor								
of Third Joint inventor		Hironori			Gotoh			
		Given Name	Middle Ini	itial	Family Name			
**Inventor's Signature: Horonori Golds								
**Date of Signature:		8/	29/200	70				
	Malrai maab	Mont		Day	Year			
Residence:	Nakai-mach	11	Kanagawa State of Province		Japan Country			
Citinamahina	City	Japan	State of Flovince	-	Country			
Citizenship:								
Post Office Address: (Insert Complete mailing		c/o Fuji Xerox Co., Ltd., 430, Sakai, Nakai-machi,						
(Insert Complete mailing address, including country) Ashigarakami-gun, Kanagawa, Japan								
Typewritten Full Name of Fourth Joint invento								
		Given Name	Middle Ini	itial	Family Name			
**Inventor's Signature	:							
**Date of Signature:								
		Mont	h	Day	Year			
Residence:	~							
	City		State of Province		Country			
Citizenship:								
Post Office Address:								
(Insert Complete mailing address, including country)								
Typewritten Full Name	e							
of Fifth Joint inventor:								
		Given Name	Middle In	itial	Family Name			
**Inventor's Signature	:							
**Date of Signature:								
		Mont	h	Day	Year			
Residence:								
City		State of Province			Country			
Citizenship:				•				
Post Office Address: (Insert Complete mailing address, including country)				-				

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.

^{**}Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.